

Amended - 94-9360

Amended because initial filing had wrong
Amend DOP is 6/1/1963 Date of PrioritIN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF ~~TWIN FALLS~~ ShoshoneIN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576

ID Number: 94-9360

Date Received:

Receipt No. ~~11111~~ N 030869

Amount: By:

RECEIVED

SEP 23 2015

IDWR/NORTHERN

Amended Claim

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAWFor domestic and/or stockwater purposes where
daily use is less than 13,000 gallons per day

Please type or print clearly

- Name of claimant(s) Dale B. Lavigne Phone 208-753-4102
Mailing address PO Box 2170 Oburn Id ZIP
Street or Box City State
- Date of priority (only one (1) per claim) June 1, 1963
Month/Day/Year (yyyy)
- Source of water supply (check one) Ground Water () or Other () (a)
which is tributary to (b)
- Location of point of diversion is: Township 50, Range R02E, Section 27
SW 1/4 of SE 1/4, or Govt. Lot 3, B.M., County of Shoshone
Parcel (PIN) no. RP 50N02 E2 2794
Additional points of diversion, if any:
If available, GPS coordinates
- Description of diverting works (wells, pumps, spring boxes, pipelines, etc.), including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.
Small bore well with casing & pump
- Water is claimed for the following: (Limited to domestic and/or stockwater uses. See page 1 of the instructions.)
For Domestic purposes from 1-01 to 12/31 amount 0.04 cfs (X) AFY ()
For purposes from to amount
- Total quantity claimed 0.04 cfs (X) or AFY ()
- Non-irrigation uses; describe fully (e.g. Domestic: give number of households served if single ownership; Stockwater: type and number of livestock, etc.): household

9. Location of place of use is: Township 50N, Range R02E, Section 27, SW 1/4 of SE 1/4,
or Govt. Lot 3, B.M., Parcel (PIN) no. (if different than shown in Item 4) _____

For (check one) Domestic ☒ Stock () Domestic and Stock ()

Additional places of use, if any: T50 N R02 E S.34 NW NE642

10. In which county(ies) are lands listed above as place of use located? Shoshone

11. Do you own the property listed above as place of use? Yes ☒ No ()
If your answer is no, describe in remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

Additional Lot RP 50 N02E 340600 or None ()

13. Remarks:

RP 50 N02E 340650

14. Basis of claim (check one) Beneficial Use ☒ Posted Notice () License () Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable, provide IDWR water right number _____

15. Signature(s)

a. By signing below, I/we acknowledge that I/we have received, read and understand the form entitled "How you will receive notices in the Coeur d'Alene-Spokane River Basin Adjudication".

b. I/We do () do not ☒ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

For individuals:

I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of claimant(s) [Signature] Date: 9/21/2015

For organizations:

I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____,
Title Organization

that I have signed the foregoing document in the space below as

_____ of _____,
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of authorized agent _____ Date _____

Title and organization _____

16. Notice of appearance:

Notice is hereby given that I, _____, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____